

## **Moderating Effect of Growth Need Strength on Self-Esteem and Job Satisfaction Link**

**Mohammad Nizam Sarkawi**

School of Business Management, College of Business

Universiti Utara Malaysia

[drnizam@uum.edu.my](mailto:drnizam@uum.edu.my)

### **Abstract**

The psychological well-being for State Registered Nurses [SRN] is resolute to a large extent by that person's satisfaction with the individual experience of job satisfaction. Therefore, the purpose of this study is to determine the moderating effect of Growth Need Strength [GNS] on self-esteem and job satisfaction link among State Registered Nurses [SRN]. Data were gathered through survey using questionnaire. This study employed stratified random sampling involving a total of 390 nurses at selected general hospitals. The finding of the study contributes in the specific area of literature, theory and also in research design. The results of this study consist of linear and hierarchical regression analysis suggest that the GNS as moderator have played significant important role for the relationship between self-esteem and job satisfaction. It is also provide a much better conducive working environment and by incorporating policies that can improve job satisfaction.

**Keyword:** GNS; Job Satisfaction; Self-Esteem and Linear / Hierarchical Regression.

## **INTRODUCTION**

Nurses are one of the most undervalued staff members despite the fact that these are the people, who take care of our loved ones around the clock when they are hospitalized. Many of the nurses even take on the responsibilities of the medical supervisor or the doctors in command and this makes them a very important part of the medical system. They are also have a variety of jobs to perform and need to juggle with many jobs at many places in the hospital. The situation is no different in Malaysia (Masroor & Fakir, 2011).

### **Objective**

In Malaysia, a guideline by Roslan, Fathilah, Ramziah, Ruhana, Nuriza, Musliha & Roziah, (2011), has indicated on State Registered Nurses (SRN) roles in realization of National Transformational Plan on 1 Malaysia Slogan "People First, Performance Now" that SRN working in government hospitals need to have 10 (S) for its Corporate Culture:

1. "Senyum" – Smile, 2. "Salam" – Greet, 3. "Segera" – Rapid response, 4. "Sensitif" – Sensitive, 5. "Sopan" – Polite, 6. "Sentuh" – Human touch, 7. "Segak" – Grooming, 8. "Selia" – Supervise, 9. "Selidik" – Investigate, 10. "Semangat" – High spirit.

However, SRN particularly those who work in government hospitals are facing job dissatisfaction that could probably contribute to carelessness in nursing activities towards the inpatients (Roslan et al., 2011).

In related with the issues of carelessness in nursing activities, Economic Transformation Programme [ETP] (2010), Malaysian government plans to reform the healthcare system with a focus on four key areas:

1. Transforming delivery of the healthcare system;
2. Increasing the quality of human resources;
3. Shifting towards wellness and disease prevention, rather than treatment; and
4. Increasing capacity and coverage of the healthcare infrastructure in order to accommodate the increase of Malaysia's population.

Table 1.1 indicate there was an increase in the number of nurses from 48,916 in 2007 to 89,167 in 2013. Ministry of Health (MOH) has been expected that in the year 2020, a total of 174,000 nurses employed in order to reach the target of 1:200 population ratio. This would in line with the requirement of World Health Organization (WHO, 2006).

Table 1.1 Numbers of Nurses / Population Ratios (2007–2013)

| <b>Year</b> | <b>Number of Nurses</b> | <b>Nurses: Population</b> |
|-------------|-------------------------|---------------------------|
| 2007        | 48,916                  | 1:556                     |
| 2008        | 54,208                  | 1:512                     |
| 2009        | 59,375                  | 1:477                     |
| 2010        | 69,110                  | 1:410                     |
| 2011        | 74,788                  | 1:387                     |
| 2012        | 84,968                  | 1:345                     |
| 2013        | 89,167                  | 1:333                     |

Source: MOH, Health Facts. Planning and Development Division 2008 – 2014

However, as shown in table 1.2 there is drastically increase number of admissions and outpatient attendance that is indeed not substitute with the number of SRN's to handling the work tasks (MOH, 2008 – 2014). Based on Table 1.2 indicates that the number of general hospital increases only by two hospitals from year 2007 – 2013 while the number of beds is increase from 32,149 to 34,576.

Table 1.2 Numbers of Hospitals, Beds and Admissions/Outpatient (2007–2013)

| <b>Year</b> | <b>Number of Hospitals</b> | <b>Beds</b> | <b>Admissions</b> | <b>Outpatient</b> |
|-------------|----------------------------|-------------|-------------------|-------------------|
| 2007        | 130                        | 32,149      | 1,955,261         | 14,429,244        |
| 2008        | 130                        | 33,004      | 2,062,925         | 15,273,036        |
| 2009        | 130                        | 33,083      | 2,130,784         | 17,295,971        |
| 2010        | 131                        | 33,211      | 2,121,923         | 17,550,603        |
| 2011        | 132                        | 33,812      | 2,139,392         | 18,328,343        |
| 2012        | 132                        | 34,078      | 2,264,019         | 18,884,002        |
| 2013        | 132                        | 34,576      | 2,163,308         | 19,621,326        |

Source: MOH, Health Facts. Planning and Development Division 2008 – 2014

Bibi (2008) indicate that with this scenario, MOH has implemented a programme for nurses and midwives under Guidelines for Continuous Professional Development (CPD). However, there is still an issue related with job satisfaction among the SRN's. According to ETP (2010), one of the issues related to job satisfaction among nurses working at general hospitals, was portrayed by the issues related to formalised succession planning at all levels and improved clinical career structure that were associated with Growth Need Strength (GNS). These may have caused MOH to neglect the importance of job satisfaction due to the complexities in understanding and providing job satisfaction (Bibi, 2008). This was consistent with the study by Barnett, Namasivayam and Narudin (2010) indicate that in Malaysia, MOH is having inadequate empirical information that might guide its efforts in enhancing job satisfaction among nurses (Barnett et al., 2010). They also emphasized that the awareness issues of employees' development may create the intention of employees' development as the psychological well-being of SRNs in general (Barnett et al., 2010).

According to Sahoo and Mohapatra (2009) the well-being of employees is perceived as a subjective phenomenon, which is an attribute of human experience that originates from people's perception of their contemporary situation. A sense of psychological well-being is always dependent on the subjective characteristics of the person and the objective characteristics of the situation (Sahoo & Mohapatra, 2009). Furthermore, Bibi (2008) has indicate that general sense of well-being is also determined to a large extent by that person's satisfaction with the individual experience of the various domains of life. One important domain is job satisfaction. SRNs, as the "backbone" and role model in hospital operation, it is especially important to experience a better GNS that shall contribute to job satisfaction (Bibi, 2008).

Due to address job satisfaction for the SRNs, an attempt must be made to gather information that may help MOH formulate strategies to improve job satisfaction with self-esteem by increasing GNS. As such the key phenomenon under investigation for this study is the moderating effect of growth need strength on self-esteem and job satisfaction link among state registered nurse.at selected general hospitals.

## **CONCEPTUAL BACKGROUND**

### **Nurses Job Satisfaction**

Lageson (2004) indicate that healthcare organisations (hospitals) are experiencing significant changes with nurses' job satisfaction. Increasingly healthcare professionals have recognized that employee' job satisfaction influences the quality of care in nursing facilities (Chou, Boldy and Lee, 2002). The research that has examined that nurses' job satisfaction is often related to their interactions with physicians and co-workers (Al Awaisi, Cooke & Prymachuk, 2015). According to Rosenstein and O'Daniel (2005) the behaviour of clinicians negatively influences job satisfaction. The sample consisted of 1,091 nurses. They found a high prevalence of disruptive behaviours among nurses. They also found that disruptive behaviours contributed to medical errors, delayed communication, and, in the most extreme situations, to the death of a patient. They identified that disruptive behaviour likely contributed to the poor quality of patient care, which possibly contributed to poor job satisfaction for all disciplines involved (Rosenstein & O'Daniel, 2005).

## Self-Esteem and Job Satisfaction

A study by Kitayama, Marcus and Kurukawa (2000) on the differences between Chinese and European American college students and their individual differences variables aimed to predict the self-reported interpersonal competency. The result of the study show that people of East Asian cultures and East Asian minority groups tend to report lower levels of self-esteem with job satisfaction than people from western cultures (Kitayama et al., 2000).

Nevertheless, a study in Malaysia by Wan Edura, Mohamad Sahari, Azura and Izhairi (2011) to constructs of self-esteem, work/family enrichment and job satisfaction. Using data collected from 680 female nurses employed in public hospitals in Malaysia, this study also examined the likely mediation effect of work/family enrichment on self-esteem-satisfaction relationship. Evidence indicated that the above occasional non-significant and/or low correlation in some studies may be due to lowered expectations about life at work, lower mental health and lower self-esteem (Wan Edura et al., 2011).

## Moderating Effect of Growth Need Strength on Self-Esteem and Job Satisfaction Link

On the moderating effect of growth need strength on self-esteem and job satisfaction link, a study was conducted by Huang and Iun (2006) to examine whether growth need strength influenced work outcomes. Their study approach is by drawn on the similarity-attraction paradigm in deep-level diversity research and developed a number of hypotheses. It proposed a relationship between the variables and tested the hypotheses by controlling self-esteem and proactive personality. The data came from a sample of 66 supervisors and 205 of their subordinates from 31 diverse organizations in Hong Kong and Macau. Their finding indicate that there is significant effects on subordinate's trust in and loyalty to supervisor, and supervisor-rated in-role and extra-role performance. There is similarity in age and organizational tenure had significant effects only on loyalty, while similarity in gender, education, self-esteem and proactive personality had no effects (Huang & Iun, 2006).

## UNDERPINNING THEORY

The theories that were employed to develop the theoretical framework of this study were adopted mainly from social and psychological disciplines. The concept of job satisfaction is the main focus of this study.

Thus, as discussed from the relationship between self-esteem and GNS as the moderating variable, it is identified that the relevant and suitable theoretical underpinning for this study was based on the adapted Herzberg's Hygiene and Motivational Factors theory (2009), and Psychological Theory of Work Adjustment (Dawis and Lofquist, 1990). This theoretical underpinning serves and guided this study with a discussion. It is concluded with empirical link findings on how the study itself adds to the body of knowledge.

## **METHODOLOGY**

This study is a quantitative research with 390 of nurses at selected general hospitals. This study intends to determine the influence of GNS for the relationship between self-esteem and job satisfaction among SRNs at selected general hospitals. This study is limited in the areas of sample size, data collection methods and data analysis. The study used the *critical mass* of the sample population from the total population to measure the influence of GNS for the relationship between self-esteem and job satisfaction among SRNs, thus it result in a smaller sample size.

### **Instrumentation**

The statements were put on a Likert scale of 1 to 5 to measure the influence of GNS for the relationship between self-esteem and job satisfaction among the SRN. In order to address the objectives of this study, survey questionnaires were designed for SRNs at selected general hospital. All the questions in the questionnaire have been measured by Likert scale. The instruments were espoused from various models and were validate before being adapted from previous studies.

### **Self-Esteem Variable**

Variable of self-esteem was measured based on the adaptation of the Rosenberg Self-Esteem Inventory (Rosenberg, 1999). The scale measures the self-acceptance aspect of self-esteem. It has 10 items based the Likert method. The adapted instrument in this study consisted of 5 “positive” and 5 “negative” items so as to prevent the effect of respondent set. It has 10 statements where responses are ranging from “Strongly Disagree” to “Strongly Agree”. The five positive and five negative items were items 1, 2, 4, 6, 7 and 3, 5, 8, 9, 10 respectively. According to Rosenberg (1999), the original instrument was internally reliable and unidimensional and appears to have face validity. Weiss and Knight (1980) also reported a test-retest reliability of 0.85 after a two-week interval.

### **Growth Need Strength Variable**

The measure of GNS was adapted from the instrument developed by Hackman and Lawler (1971). The intention to develop the original instruments was derived from previous empirical and theoretical works proposing that such needs may moderate the relationship between self-esteem and job satisfaction (Cook, Hepworth, Wall and Warr, 1981). The entire items on 12 items from 76 to 87 are statement questions with nil positive and negative items. The instrument was also best considered in conjunction with Hackman and Oldham’s (1975) GNS instrument.

It was reported by Cook et al. (1981) that an initial sample of 332 varied government employees obtained an alpha coefficient of 0.93 using ten items from the scale ranging from “Almost none (0-20%)” to “a great deal (81-100%)”. The mean item score was used as the overall index.

### **Job Satisfaction Variable**

According to Weiss, Dawis, England and Lofquist (1977), job satisfaction was measured based on the Minnesota Satisfaction Questionnaire (MSQ). Responses to the questionnaire were given on a five- point scale ranging from “very dissatisfied” to “very satisfy”.

Cook et al. (1981) indicates that the MSQ appears to provide a sound measure of job satisfaction since it has tapped a wide range of features. The Hoyt internal reliability coefficients for the scale have been respectable (ranging from 0.59 to 0.97 across occupational groups). Substantial inter correlations among the MSQ scales justified the global satisfaction score (Saunders, 1986). The level of measurement selected for measuring all the variables discussed above was categorized at the interval scale.

It is defined as a level of measurement that provides equal intervals from an arbitrary origin. The interval level of measurement is superior to the nominal and ordinal measurement scales. This level of measurement yields continuous data, which can be analysed by more powerful correlation and multiple regression procedures.

## **FINDINGS AND DISCUSSIONS**

### **Sampling Result**

After getting the approval and consent from the hospital director, the period of data collection was 45 days between 1<sup>st</sup> November 2015 and 15<sup>th</sup> December 2015. All necessary ethical consideration was followed for the surveys. A total of 390 questionnaires were returned with a response rate of 87% from 450 of questionnaires.

The study targeted SRNs who work at selected general hospitals. The selected general hospital has 11 departments which include:

1. Ophthalmology, 2. Ear, Nose and Throat, 3. Rehabilitation, 4. Orthopedic, 5. Pediatric, 6. Obstetric and Gynae, 7. Surgical, 8. Medical, 9. Neurosurgery, 10. Intensive Care Unit, 11. Emergency Department.

Based on the communication with representative of the hospital director, it has been acknowledged that the population consist of 3200 SRNs working at selected general hospitals. It represents a crude yardstick to achieve the aim of this study. Thus, in the context of this study, the appropriate sampling design selected was stratified random sampling.

The Sloven formula shows that the number of 356 observations can efficiently represent the population in this study. However in order to increase accuracy with a larger sample, the survey was conducted with 450 respondents.

In order to illustrate the accessible population located in eleven departments in selected general hospitals, a sampling frame was constructed. The 450 respondents were selected in proportion to the accessible population in the eleven departments. Out of the 450 questionnaires, 390 were filled completely and the response rate was 87%. It can be perceived that there was relatively high external validity. There was also confident that the responses were representative of the total sample (Hair et al., 2007). Table 4.1 shows the breakdown of respondents in the eleven departments.

Table 4.1 Distribution of Respondents from Selected General Hospitals

| Departments              | Population | Sample | Percentage (%) |
|--------------------------|------------|--------|----------------|
| 1. Ophthalmology         | 250        | 35     | 7.8            |
| 2. Ear, Nose and Throat  | 102        | 14     | 3.2            |
| 3. Rehabilitation        | 290        | 41     | 9.1            |
| 4. Orthopedic            | 245        | 35     | 7.7            |
| 5. Pediatric             | 240        | 34     | 7.5            |
| 6. Obstetric and Gynae   | 350        | 49     | 10.9           |
| 7. Surgical              | 450        | 63     | 14.1           |
| 8. Medical               | 720        | 101    | 22.5           |
| 9. Neurosurgery          | 100        | 14     | 3.1            |
| 10. Intensive Care Unit  | 276        | 39     | 8.6            |
| 11. Emergency Department | 177        | 25     | 5.5            |
| Total                    | 3200       | 450    | 100.00         |

#### Relationship Analysis between Self-Esteem and Job Satisfaction

Based on the result, it reveals that self-esteem are statistically significant at 1% levels, contributing to the job satisfaction predictor and have positive effects on job satisfaction among 390 respondents. R<sup>2</sup> is the coefficient of determination, interpreted as the percentage of variance in Y (self-esteem variable) that can be explained by X (job satisfaction). The highest R<sup>2</sup> of 0.609 indicates that 60.9 percent of the variance in job satisfaction can be explained by self-esteem. Based on the finding, it is shown that the first hypothesis is rejected.

Table 4.2 shows regression analysis is performed to determine the relationship between self-esteem and job satisfaction by using linear regression.

Table 4.2 Linear Analysis between Self-Esteem and Job Satisfaction

| Variable         | Constant | R <sup>2</sup> | SE B  | Beta  | Sig    |
|------------------|----------|----------------|-------|-------|--------|
| Self-Esteem      | 1.320    | 0.609          | 0.038 | 0.568 | 0.001* |
| Job Satisfaction |          |                |       |       |        |

\*p < 0.01

#### Influence of Growth Need Strength and Self-Esteem

In this study, as shown in Table 4.2, the results of the hierarchical regression analysis show that 60.9 % of the variance of the job satisfaction is explained by self-esteem, which is statistically significant (R<sup>2</sup> = 0.609, F<sub>Δ</sub> = 212.544, p < 0.05). In Step 2, with GNS variable, it gives additional contribution of 17.9% to explain the job satisfaction (R<sup>2</sup> = 0.788, R<sup>2</sup><sub>Δ</sub> = 0.179, F<sub>Δ</sub> = 16.028, p < 0.05). In Step3, with both self-esteem and GNS variables already in the equation, the results show that the interaction variable (self-esteem × GNS) gives additional contribution of 0.1 % of the variance.

However, based on the result indicate that the interaction variable is not statistically significant ( $R^2 = 0.789$ ,  $R^2\Delta = 0.001$ ,  $F\Delta = 89.077$ ,  $p > 0.05$ ). The finding indicates that there is not enough evidence to conclude that the GNS as moderator in the relationship between self-esteem and job satisfaction (Graen, Scandura, Terri & Graen, 1986).

The following regression equations were used to analyse the role of GNS as moderator for the relationship between self-esteem and job satisfaction variable:

$$\begin{aligned}\text{Equation 1} &= \text{job satisfaction} = a + b_1 (\text{self-esteem}) + e \\ \text{Equation 2} &= \text{job satisfaction} = a + b_1 (\text{self-esteem}) + b_2 (\text{GNS}) + e \\ \text{Equation 3} &= \text{job satisfaction} = a + b_1 (\text{self-esteem}) + b_2 (\text{GNS}) + b_3 \\ &\quad (\text{Self-esteem variable} * \text{GNS}) + e\end{aligned}$$

Table 4.3 presents the result of hierarchy regression.

Table 4.3 GNS between Self-Esteem and Job Satisfaction

| Variable/s        | R <sup>2</sup> | R <sup>2</sup> Δ | FΔ      | SE B  | Beta   | Sig    |
|-------------------|----------------|------------------|---------|-------|--------|--------|
| Step 1            |                |                  |         |       |        |        |
| Self-Esteem       | 0.609          | 0.609            | 212.544 | 0.038 | 0.568  | 0.001* |
| Step 2            |                |                  |         |       |        |        |
| Self-Esteem       |                |                  |         | 0.046 | 0.000  | 0.994  |
| GNS               | 0.788          | 0.179            | 16.028  | 0.035 | 0.567  | 0.001* |
| Step 3            |                |                  |         |       |        |        |
| Self-Esteem       |                |                  |         | 0.135 | -0.155 | 0.250  |
| GNS               |                |                  |         | 0.151 | 0.387  | 0.011* |
| Self-Esteem × GNS | 0.789          | 0.001            | 89.077  | 0.044 | 0.055  | 0.221  |

Note:  $R^2 = 0.609$  in Step 1;  $R^2\Delta = 0.179$  / Step 2 ( $p = 0.05$ );  $R^2\Delta = 0.001$  / Step 3

\* $p < 0.05$

## CONCLUSION AND IMPLICATION

### Significant of Self-Esteem for Job Satisfaction

The results of the linear regression analysis show that 60.9 % of the variance of the job satisfaction is explained by self-esteem, which is statistically significant.

Result from hierarchical regression with GNS variable shown that it gives additional contribution of 17.9% to explain the job satisfaction. With both self-esteem and GNS variables already in the equation, the results show that the interaction variable (self-esteem × GNS) gives additional contribution of 0.1 % of the variance. However, the interaction variable is not statistically significant. The finding indicates that there is not enough evidence to conclude that the GNS as moderator for the relationship between self-esteem and job satisfaction.



### Role of Growth Need Strength

Growth needs strength play an importance role because it acts as a strong need for personal challenge and accomplishment, for learning, and for professional development on the job (Graen et al., 1986).

From the result, it can be concluded SRN's who have growth needs strength are predicted to develop a strong internal motivation when working on complex and challenging jobs. In other words, nurses with growth needs strength will respond more positively to the conflict in their personal life due to their job satisfaction. Therefore, it is important to consider the roles of growth need strength to develop job satisfaction.

Based on hierarchical regression, the findings suggest that although nurses face challenge as a result of self-esteem, but most of them show that they have a high satisfaction level with their profession. Self-esteem indicating that GNS have played significantly important role in nurses' job satisfaction as moderator.

### Policy and Practical Implications

Hence, merely improving self-esteem will not necessarily improve job satisfaction. Subsequently, the pursuit of better job satisfaction by changing things within the context of the organization must be viewed cautiously. Job satisfaction should probably be perceived as the result of a complex interplay of self-esteem.

It is important to take a constructive step in this direction by recognizing, understanding and accepting the fact that the concept of job satisfaction has indeed expanded. This realization will help policy – makers in developing a clearer and more comprehensive approach of managing employee job satisfaction. The policy maker should pay more attention to self-esteem and GNS as potential sources of providing a much better conducive working environment that can improve job satisfaction. This research study is hoping to add the much needed anticipated knowledge about ways to raise job satisfaction in one aspect of the social science field and may also create awareness by influencing the GNS for the relationship between self-esteem and job satisfaction.

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